

(845) 561-5030
Fax (845) 561-0038

429142


WO# 12875

THIS WORK IS TO BE

☐ C.O.D. ☐ CHARGE ☐ NO CHARGE

MAKE Frane	MAKE
MODEL RTAC 1554 UROH	MODEL UAFN MITX 100M
SERIAL NUMBER U08J01376	SERIAL NUMBER

NAME <i>New York Army Nat Guard</i>	
STREET <i>910 Roz Ave</i>	DATE <i>5-10-21</i>
CITY <i>> New Windsor, N.Y.</i>	PROMISED
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN <i>Dave</i>	AUTHORIZED BY
WORK TO BE PERFORMED <i>A/C Spring Ins & top</i>	
P.O. #	

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	Replace evap entering water temp sensor 
<input type="checkbox"/> RECOVERED			
<input type="checkbox"/> RECYCLED			
<input type="checkbox"/> RECLAIMED			
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED			
<input type="checkbox"/> CHANGED OUT/REPLACED		TOTAL \$	

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
2	Gel Cond coil Cleaner	65. ⁰⁰	
	FILTERS X X		
>	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED	incomplete
Completed Chiller Pm + Start-up. Cleared coils, checked pressures, Lubricated Pumps. Checked water flow. Checked temps + shut-offs. Checked safeties.	
* Entering evap water temp sensor is reading 142°F. water is currently 52°F	

TOTAL MATERIALS			130. ⁰⁰
HRS.	LABOR	RATE	AMOUNT
5 1/2	Dove & Travel	(6) 163. ⁰⁰	
TOTAL LABOR			948. ⁰⁰

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company. <input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE CONTRACT	TOTAL SUMMARY		
	TOTAL MATERIALS	130.	\$
	TOTAL LABOR	978.	\$
	TAX		
	TOTAL		

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Boz Ave Date of Visit: 5-10-21

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>DAVE</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | |
|--------------------------------|
| 1. <u>Chiller Pm + Startup</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dave Nelson Date: 5-10-21

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: JAMES JOHNSON AFOS Date: 5-10-21

Signed: [Signature]

E-Mail: _____